

# STOW YOUTH BASKETBALL LEAGUE

## Nov. 2007 - Mar. 2008

### Registration Form

SRC Use Only	
Payment Received:	
Yes	No

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Parent Name(s): \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Shirt Size: (select one)      Small      Medium      Large      X-Large  
Men's:      \_\_\_\_\_  
Woman's:      \_\_\_\_\_  
Any Medical problems? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

PLEASE READ: All Stow children in grades 3 through 8 are eligible! You will be allowed to play in this league even if you play for the Hale School Team. Registration fee: \$75. Second, etc. child fee: \$60. **LATE FEE:** \$100. Please make checks payable to the Stow Recreation Department and send, along with this form, to:

Stow Recreation Department  
Attn: Stow Youth Basketball League  
Stow Town Building, 380 Great Road  
Stow, MA 01775

**Registration Form and Payment MUST be received by 5:00pm Friday, September 21st, 2007! Or a late fee will be charged.**

Any questions...call the Stow Recreation Department at 461-1411.

Any Parent Interested in Coaching or assistant coaching please Check:

Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

Special Requests: \_\_\_\_\_

General Release/Consent for Emergency Medical Treatment of a Minor

The Stow Youth Basketball League does not provide insurance. Accordingly, parents are urged to ascertain that their own insurance coverage's are sufficient to underwrite the cost of medical care for any injuries, which their child might sustain as a result of participation in this league. As the parent of the above named child, I agree to indemnify the Town of Stow, its employees and agents against claims of bodily injury, death, or property damage which may arise in the course of the Recreation Commission's performance of the recreational activities described herein not caused by the Town's own negligence or that of its employees or agents. As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well being of my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_